



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

www.namif.org

November Meeting Notes

By Roberta K. Kaye

Introduction: In schizophrenia three established domains of neuro-cognitive dysfunction are 1) **auditory processing**, 2) **attention** and 3) **working memory**. Do these abnormalities exist before full schizophrenic symptoms appear? Can we predict a possible conversion to fully developed psychosis during a prodromal period, that is, during an initial schizophrenic event? Can we develop early treatment in order to establish social and occupational functioning through cognitive therapies without using medications? Addressing these questions is essential because research literature shows that when treatment is delayed the symptoms worsen.

Our speakers, neuroscientist Judith M Ford, PhD and psychiatrist Daniel H. Mathalon, M.D. seek to answer these questions through research done at the Brain Imaging and EEG laboratory at UCSF using measures now available to neuroscientists: ERPs and fMRIs.

Event Related Potential: ERP An ERP is any measured brain response that is directly the result of thought or perception. Measurements are taken by **electroencephalography-EEG** that shows changes in brain activity as a consequence of specific sensory, cognitive or motor stimuli. EEGs measure electrical activity of the brain through the skull and the scalp and ERP components are "time locked" to an action. Each component reflects brain activation associated with one or more mental operations such as the processing associated with attention, recognition and discrimination tasks, all

occurring in tiny fragments (milliseconds) of time. By examining the EEG-recorded ERPs in schizophrenics during their cognitive processing, researchers can observe their particular responses as they occur in the brain.

fMRI - Functional Magnetic Resonance Imaging: Functional Magnetic Resonance Imaging is a type of scan that uses a strong magnet to take pictures of the brain. fMRI shows activation that is localized to a certain region. It provides insight into the structure of the brain as well as which structures are activated while performing specific tasks related to certain cognitive functions. The neural activity that takes place while undergoing a task is reflected in the blood-oxygen levels of the brain that is detected by the fMRI technique. It is a non-invasive procedure.

Corollary Discharge: The researchers explain that "schizophrenia is a pan-cerebral illness" which may have many failed mechanisms in the brain. Recognizing this they are still seeking "an elemental mechanism that could be at the root of at least some of the dysfunctions observed." To aid this goal they have looked at the corollary discharge mechanism which is dysfunctional in schizophrenics. A corollary discharge occurs when one part of the brain tells another part of the brain to note a sensation. That is, the brain is telling the self to process a sensation that will occur as a result of one's action (self monitoring ability).

Genetic Vulnerability: Studies of schizophrenia have indicated that it is substantially heritable. A look at the first-degree relatives of people with this disorder can

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3rd Wednesday of each month
6:30 - 8:00 pm
1010 Gough, San Francisco

The Monthly Meeting

MEETINGS ARE AT 1010 GOUGH

January 20

Dr. Damien Rose, Director of the PREP program at UCSF, will answer your questions at "Ask the Doctor Night."

February 17

Richard Heasley, Executive Director Conard House, will describe the self management program that has been developed over many years at Conard House.

March 17

Special event: Chris Turck, head of Proteomics and Biomarkers Max Planck Institute of Psychiatry will update us on the research begun in 2002 on new targets for treating depression, bipolar and schizophrenia.

County Mental Health

The County Mental Health Access Line

for all consumers

415-255-3737

Substance Abuse Treatment Access

1380 Howard, First Floor

415-503-4730 or 1-800-750-2727

The Mobile Crisis Unit

415-355-8300

New Biosensors Reveal Workings Of Anti-Psychotic Drugs In The Living Brain

Source: University of California - San Diego, 12/14/09

Scientists have resolved a question about how a popular class of drugs used to treat schizophrenia works using biosensors that reveal previously hidden components of chemical communication in the brain.

Although delusions and hallucinations characterize the illness, people with schizophrenia also struggle to sustain attention or recall information in a particular order, difficulties that interfere with their ability to hold a job or function well, said Lee Schroeder, a student in the medical scientist training program at the University of California, San Diego.

A class of drugs called atypical neuroleptics has become the most commonly prescribed treatment for schizophrenia, in part for their ability to improve these cognitive functions. How they altered brain chemistry was uncertain, however. Atypical neuroleptics elicit large releases of the neurotransmitter acetylcholine. But they had also been shown to barricade a particular type of receptor on the receiving cell's surface, which would block the message.

The question was, which action prevails? The answer might guide the development of more effective drugs with fewer side effects. "The hunt is now on," said Schroeder, who shares lead authorship on the paper. "What about these drugs helps? That's where our cells come in."

To find out, the team designed biological cells that change color when acetylcholine latches onto this particular class of receptors, called M1. That allowed them to see when M1 receptors received the chemical message, an event neuroscientists had previously been unable to detect in a living, intact brain. "It's a world of signaling between cells that we were blind to before," said David Kleinfeld, professor of physics and member of UC San Diego's center for neural circuits and behavior, who led the collaboration that invented the system.

The team implanted the cells, which they call CNiFERS (pronounced "sniffers"), in rat brains, then stimulated a deeper part of the brain in a way known to release acetylcholine nearby. They saw a color change, evidence that the CNiFERS were working. Then they gave the rats one of two atypical neuroleptics. In both cases, the drug severely depressed the response, indicating that the drugs' receptor-blocking action overrides the increase in acetylcholine they report online in *Nature Neuroscience* December 13.

CNiFERS could be re-designed to detect the activity of other types of receptors as well, work that is underway. "The technique puts CNiFERS together from easily obtained molecular components," said Quoc-Thang Nguyen, a former research associate in Kleinfeld's lab who shares lead authorship with Schroeder. Nguyen recently founded Femtosience, a company that has licensed the technology from UC San Diego and will develop it as a way to screen drugs.

Other co-authors include Marco Mank, Arnaud Muller, Palmer Taylor, and Oliver Griesbeck. The National Institutes on Biomedical Imaging and Bioengineering, Drug Abuse, and Mental Health funded this work.

Remember to donate to the

Community Thrift Store

This is one of our *best* sources of income for the NAMI SF Chapter!!

625 Valencia Street at 17th Street
415-861-4910
www.communitythriftsf.org
(check with us about acceptable items to donate)

Family To Family Class Starting In February

To enroll in the class, please call the hotline, 415-905-6264, and leave your name and phone number, or email the NAMI San Francisco office at namisf@fsasf.org, and you will be contacted by one of the teachers.

What does the course include?

- * Current information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorders
- * Up-to-date information about medications, side effects, and strategies for medication adherence
- * Current research related to the biology of brain disorders and the evidence-based, most effective treatments to promote recovery
- * Gaining empathy by understanding the subjective, lived experience of a person with mental illness
- * Learning in special workshops for problem solving, listening, and communication techniques
- * Acquiring strategies for handling crises and relapse
- * Focusing on care for the caregiver: coping with worry, stress, and emotional overload
- * Guidance on locating appropriate supports and services within the community
- * Information on advocacy initiatives designed to improve and expand services

Heart Disease a 'Silent Killer' in Patients With Severe Mental Illness

Source: *Health Behavior News Service*, 11/13/2009

Newswise - A large new study confirms that people with severe mental disorders - such as schizophrenia or other psychotic disorders - are 25 percent to 40 percent more prone to die from heart disease than people without mental illness are.

Moreover, smoking and physical inactivity - behaviors that individuals potentially can change - significantly contribute to this increased risk of death, found researchers led by Amy Kilbourne, Ph.D.

They looked at results from the 1999 Large Health Survey of Veteran Enrollees in conjunction with the VA's National Psychosis Registry and the National Death

Index of the Centers for Disease Control and Prevention (CDC). Including responses from more than 147,000 veterans, the study is the largest of its kind to ever take place. Most of the respondents were men and about two-thirds were 50 or older.

Kilbourne, associate director of the VA Ann Arbor National Serious Mental Illness Treatment Research and Evaluation Center in Michigan, and colleagues from Dartmouth Medical School conducted the study, which appears in the November-December issue of the journal *General Hospital Psychiatry*.

Patients with mental disorders who also had a diagnosis of diabetes - a known risk factor for heart disease and a side effect of some antipsychotic medications - were at high risk for heart disease-related mortality, as were patients with a diagnosis of dementia.

Smoking and lack of exercise, both common behaviors in people with mental disorders, contributed to the heart disease-related deaths considerably.

"These are devastating illnesses that lead to a lot of functional impairment, so many of these individuals have difficulty staying motivated to exercise to begin with, or finding places where they feel comfortable exercising," Kilbourne said.

However, even when considering factors such as diabetes and lifestyle, researchers found that patients with schizophrenia or other psychotic disorders were still more likely to die from heart disease. "This suggests that we are either missing some factor, or there is something inherent about having these disorders that puts patients at greater risk for heart disease-related mortality," Kilbourne said.

Eric Goplerud, Ph.D., director of the Center for Integrated Behavioral Health Policy in Washington, said that results of this study and others suggest that people with serious mental illnesses are far less likely to receive medical screening and general preventive care. He said that lack of coordinated care has serious consequences: "Serving their mental needs in one stovepipe and their medical needs in another is probably associated with premature mortality."

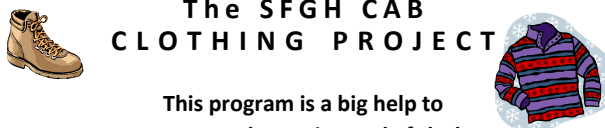
"The issue of cardiovascular disease in this population is huge," Goplerud said. "As we look at national health reform, it is absolutely critical that people with mental illness and addictions be included - they are dying of preventable medical conditions."

General Hospital Psychiatry is a peer-reviewed research journal published bimonthly by Elsevier Science. For information about the journal, contact Wayne Katon, M.D., at (206) 543-7177. Kilbourne AM, et al. Excess heart-disease-related mortality in a national study of patients with mental disorders: identifying modifiable risk factors. *Gen Hosp Psychiatry* 31(6), 2009.

provide greater understanding about the development and its course. In conjunction with other research studies conducted at the UCSF lab, the presence of corollary discharge dysfunction in first-degree relatives of people with schizophrenia can clarify the pathophysiological significance of the mechanism as representing an (endophenotypic) marker of genetic liability for the disorder.

Research Goals: Summary: Dr. Ford and Dr. Mathalon seek to determine whether ERP and fMRI measures of auditory processing, attention and working memory are abnormal in prodromal patients relative to healthy comparison subjects. That is, has neuro-cognitive dysfunction been present before the onset of fully developed schizophrenia and are these neuro-physiological abnormalities predictive of conversion to psychosis in prodromal patients? This study is done in collaboration with the UCSF PART program (Prodrome Assessment Research and Treatment).

Drs. Ford and Mathalon head the Brain Imaging EEG Laboratory at UCSF. Their research is conducted at both the VA Medical Center and the Neuro-imaging Center on the UCSF Parnassus Campus. They are seeking healthy volunteers aged 18-75 to participate in studies about how the brain works. Volunteers are paid for their time. If you are interested in participating call the laboratory at 415-221-4810, ext. 2403 and leave a message.



**The SFGH CAB
CLOTHING PROJECT**

This program is a big help to consumers who are in need of clothes while they are at SF General Hospital.

Just call and they will pick up your donation or meet you at the front door of the hospital when you bring it in.

Please call Amelia Truman, 415-206-4465

Survey Reveals Big Gap in Understanding of Depression

Almost 50 Percent of Caregivers Have Also Been Diagnosed; More Than One Treatment Option Helpful

From NAMI.org

Arlington, VA-Americans do not believe they know much about depression, but are highly aware of the risks of not receiving care, according to a survey released today by the National Alliance on Mental Illness (NAMI). See full survey results at <http://www.nami.org/depression>.

The survey provides a "three dimensional" measurement of responses from members of the general public who do not know anyone with depression, caregivers of adults diagnosed with depression, and adults actually living with the illness.

- 71% of the public sample said they are not familiar with depression, but 68% or more know specific consequences that can come from not receiving treatment-including suicide (84%).
- 62% believe they know some symptoms of depression, but 39% said they do not know many or any at all.
- One major finding: almost 50% of caregivers who responded had been diagnosed with depression themselves, but only about 25% said they were engaged in treatment.
- Almost 60% of people living with depression reported that they rely on their primary care physicians rather than mental health professionals for treatment. Medication and "talk therapy" are primary treatments-if a person can get them-but other options are helpful.
- 15% of people living with depression use animal therapy with 54 percent finding it to be "extremely" or "quite a bit" helpful. Those using prayer and physical exercise also ranked them high in helpfulness (47% and 40% respectively).
- When people living with depression discontinue medication or talk therapy, cost is a common reason, but other significant factors include a desire "to make it on my own," whether they believe the treatment is actually working and in the case of medication, side effects.

"The survey reveals gaps and guideposts on roads to recovery," said NAMI Executive Director Michael J. Fitzpatrick. "It tells what has been found helpful in treating depression. It can help caregivers better anticipate stress that will confront them. It reflects issues that need to be part of ongoing health care reform."

"There are many treatment strategies" said NAMI Medical Director Ken Duckworth. "What often works is a combination of treatments that fit a person and their lifestyle."

"Research indicates that the combination of medication and psychotherapy are most effective. But physical exercise, prayer, music therapy, yoga, animal therapy and other practices all can play a role."

"The good news is that 80% or more of the public recognize that depression is a medical illness, affecting people of all ages, races and socioeconomic groups, which can be treated."

Harris Interactive conducted the survey for NAMI on-line between September 29 and October 7, 2009. Participants included 1,015 persons who did not know anyone diagnosed with depression, 513 persons living with depression and 263 caregivers of a family member or significant other diagnosed with depression.

The survey was made possible with support from AstraZeneca, Bristol-Myers Squibb, Eli Lilly & Co. and Wyeth. NAMI does not endorse or promote any specific medication, treatment, product or service.

Children and Teens Gain Weight Quickly on Second-Generation Antipsychotics

Within about 11 weeks of starting treatment with second-generation antipsychotic drugs, children and teens gain a startling amount of excess body weight, according to a study published in JAMA on October 28. Researchers Christoph Correll of Zucker Hillside Hospital in Glen Oaks, New York, and colleagues further link some of these drugs to metabolic disturbances that could burden these young people with heart disease later on. The findings, together with those from the recent TEOSS (Treatment of Early-Onset Schizophrenia Spectrum Disorders) Study, seem to argue against the unfettered use of these drugs in treating various psychiatric disorders in young people.

The supposed superiority of second-generation over first-generation antipsychotics put them front and center in the treatment of schizophrenia. However, recent evidence in adults suggests that most of these second-generation, or "atypical," antipsychotics work no better than their older, "typical" cousins (see SRF related news story; SRF news story; SRF related news story).

Published last year, the TEOSS trial, one of the few randomized, controlled comparisons of medicines for treating early-onset schizophrenia and schizoaffective disorder, found risperidone and olanzapine, two second-generation drugs, no better at curbing symptoms in youth than the first-generation antipsychotic molindone (see Sikich et al., 2008; Frazier et al., 2007; McClellan et al., 2007). Both second-generation drugs caused more weight gain than molindone did. In fact, subjects in the olanzapine group gained 6.1 kilograms in only eight weeks, prompting the safety board overseeing the study to halt enrollment into that study arm. Olanzapine also increased lipid and insulin levels.

Starting with a clean slate

Unlike the TEOSS study, the one by Correll and colleagues examined only patients who had little to no history of taking antipsychotic drugs. In an interview with SRF, Correll said that their focus on this group came about almost by accident. They had been studying weight gain in children and adolescents who were taking antipsychotic drugs when they realized that those who gained the most weight had been antipsychotic-naïve when they entered the study. This led the researchers to focus on patients with no more than a week's experience using antipsychotics.

The 272 study participants ranged from four to 19 years old. They included 82 with schizophrenia spectrum, 130

with mood spectrum, and 60 with disruptive or aggressive behavior spectrum disorder. All received treatment with a second-generation antipsychotic.

Instead of randomly assigning treatments, Correll and colleagues let patients' clinicians decide which drug to prescribe. They chose this approach to maximize generalizability to the real world. Consequently, their sample included patients who were taking other medications, although patients taking more than one antipsychotic drug were excluded.

Too few subjects received ziprasidone to study. The analyses, then, looked at 41 subjects on aripiprazole, 45 on olanzapine, 36 on quetiapine, and 135 on risperidone. An additional 15 subjects either refused treatment or stopped taking their medication within four weeks, but still completed follow-up assessments. They served as the comparison group.

The researchers compared body weight and metabolic outcomes in the different treatment groups using an intent-to-treat approach. The comparison group gained little to no weight during the study. In contrast, after a median of 11 weeks of treatment, subjects taking olanzapine gained, on average, 8.5 kilograms (see original article for details). Weight gain for the other second-generation drugs ranged from 6.1 kilograms with quetiapine to 5.3 with risperidone and 4.4 with aripiprazole. In fact, over half of those on antipsychotic drugs gained more than 7% of their body weight.

Not surprisingly, as the pounds piled up, subjects' waists grew, and they amassed more body fat. Correll and colleagues write, "Altogether, 10% to 36% of patients transitioned to overweight or obese status within 11 weeks."

On top of that, the study found metabolic changes. In youngsters on olanzapine or quetiapine, the researchers found significant increases in cholesterol, triglycerides, non-high-density lipoprotein (HDL) cholesterol, and the ratio of triglycerides to HDL cholesterol. They also saw evidence of poor glucose metabolism in those on olanzapine and increased triglycerides in those taking risperidone. In contrast, the metabolic measures remained stable in the aripiprazole and comparison groups. This may seem to make aripiprazole the winner, but a recent meta-analysis found the drug less efficacious than olanzapine (see SRF related news story).

These findings of weight gain and metabolic problems in young people treated with second-generation antipsychotics support similar findings from smaller studies in young people (see, e.g., Sikich et al., 2008; Fraguas et al., 2008). They warn of an unhealthy future for many of these patients. "Cardiometabolic adverse effects, such as age-inappropriate weight gain, obesity, hypertension, and lipid and glucose abnormalities, are

Continued on page 7

Support Groups



Family Members' Groups

Healing Circle African American Family Support

1st Thursdays, 6 - 7:45 pm at 1099 Sunnydale Ave (The Village). Call LaVaughn at 415-832-9616

Sibling & Adult Children Network meets twice a year in June and December.

Call Mary Gullekson at 474-7010 for information

Bilingual & Monolingual Support Groups

Asian Mental Health Resources

The Culture to Culture Foundation's directory of Asian-American mental health services in the Bay Area can be accessed at www.asianmentalhealth.info or call 925-938-9988

Chinese Families Mental Health Alliance. Ed Koo 352-2047

Spanish Language Support Group for family members and caregivers. 1st Tuesday 5:30-7:30 pm at Mission Mental Health, 2712 Mission Street. Call Carmen Burgos 415-401-2733 about the meetings, and for information call Anita Madrigal at 415-701-5302.

Consumer Self-Help Groups

Depression & Bipolar Support All. (formerly DMDA)
Saturday afternoons at 1:30-3:00 and

1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital, 900 Hyde St., Lower Level meeting room. Call 519-0171

OASIS (Office of Self Help)

1095 Market Street at 7th, Suite 202 (415) 575-1400

RECOVERY, Inc. for nervous ailments

(415) 333-6454 Community Miracles Center,
2269 Market Street (between Noe and Sanchez)

Consumers with Schizophrenia

3rd Wednesday of each month, 5:30-6:45pm
1010 Gough. Info: Susanne at 558-5900

Hoarding & Cluttering Support

2nd Monday and 4th Wednesday of each month.
Antonio (415) 421-2926 x306

Health and Wellness Action Advocacy

1st Thursday of each month, 1-3pm. Antonio at
(415) 421-2926, x306

Alcoholics Anonymous: San Fran: (415) 621-1326

Marin: (415) 499-0400 San Mateo: (650) 573-6811

Narcotics Anonymous SF Helpline: (415) 621-8600

Harm Reduction Therapy (415)-863-4282



NAMI-SF Support Groups

For Family Members, Caregivers and Friends Only

1) 1010 Gough
2nd Wednesday at 6:30
Contact Vicki Evans at 661-5208

2) SF General Hospital
7th Floor, Room 7 M 30
Tuesdays, 5:15 – 6:45 p.m.
Call Susanne Killing at 558-5900

3) Kaiser Hospital at 2425 Geary
2nd Saturdays, 10:30-Noon
Contact Pam Polos at 650-323-2886 or
pamelapolos@comcast.net



DBSA

Depression and Bipolar Support Alliance of San Francisco

Regular Support Group:

every Monday at 6:45-8:15pm and
every Saturday at 1:30-3:00pm.

Young Adults Support Group:

for 18 to 25+ year old people

1st and 3rd Mondays, 6:45-8:15pm

Contact Harry at 650-430-2909 for information.

Friends And Family Support Group:

1st and 3rd Mondays, 6:45-8:15pm.

2nd Floor Conf. Room

Info: Jane Norbeck at 415-519-0171

or Harry Walters at 650-430-2909.

Location:

900 Hyde St., St. Francis Hospital
between Pine and Bush in San Francisco

At Outpatient Registration desk, take elevator down to lower level. Meeting rooms are next to the elevator.

Meetings are on a drop in basis and are open to peers, please note we do not allow observers. You do not need to be a member to attend, however memberships are \$20.00 a year and you are encouraged to join and support the organization.

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.

particularly problematic during development because they predict adult obesity, the metabolic syndrome, cardiovascular morbidity, and malignancy," write Correll and colleagues. Even first-generation antipsychotic drugs have been tied to greater cardiac risk (see SRF related news story).

A wake-up call

An editorial in the same issue of JAMA, by Christopher Varley and Jon McClellan of Seattle Children's Hospital in Washington underscores the importance of these findings. They write, "The magnitude of weight gain is particularly concerning, as is the implication that metabolic adverse events may be underestimated in studies in which participants have had prior atypical antipsychotic exposure." Correll told SRF that the placebo-controlled trial results that companies submit to gain approval to sell their drugs rely on patients with chronic psychiatric disorders. These patients have likely already gained considerable weight from past antipsychotic drug use.

In light of the side effects, Correll and colleagues call for restraint in the use of second-generation antipsychotics. Varley and McClellan echo that sentiment: "Given the risk for weight gain and long-term risk for cardiovascular and metabolic problems, the widespread and increasing use of atypical antipsychotic medications in children and adolescents should be reconsidered." The latter note that the use of these drugs has spiraled even

as controversy has erupted over the growing number of children and teens diagnosed with bipolar disorder. "Atypical antipsychotic medication use in pediatric bipolar disorder is justified primarily based on the adult literature," without evidence of "continuity" between pediatric and adult-onset forms of the disease, they write.

The results suggest a need to consider less risky medications as well as non-drug options. However, Correll noted, despite the risks of second-generation antipsychotics, these drugs have brought stability to the lives of many people with severe mental illness. As a result, some families are unwilling to try a different drug once they find one that helps. He said that clinicians should educate them about side effects and lifestyle changes, such as exercise and shunning liquid calories, that could lessen their impact.

Correll thinks that clinicians should not only monitor height and weight at each visit, but also test for the "silent, unseen side effects" that may lead to cardiovascular disease. He and his colleagues recommend obtaining fasting blood work for glucose and lipids at baseline, three months, and every six months thereafter. Until researchers discover better drugs, he said, "We're between a rock and a hard place."-Victoria L. Wilcox.

Reference: Correll CU, Manu P, Olshanskiy V, Napolitano B, Kane JM, Malhotra AK. Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents. JAMA. 2009 October 28;302(16):1765-73. Abstract Varley CK, McClellan J. Implications of marked weight gain associated with atypical antipsychotic medications in children and adolescents. JAMA. 2009 October 28;302(16):1811-12. Abstract

Out of the Fog is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

www.namifsf.org

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When you join NAMI **San Francisco**, \$10 pays your dues for NAMI National and \$10 for NAMI California. (\$45 is three memberships in one!) NAMI San Francisco needs your membership support. Please let us count you. There is power in numbers, and we need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings for the Family- to-Family Education Course, an invaluable resource for people who love someone with a mental illness, and for In Our Own Voice and Peer to Peer empowering programs for consumers.

Write your check to "NAMI San Francisco"
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San Francisco, CA 94108

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- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive ***Out of the Fog*** or I am enclosing a donation of \$ _____ to help cover the cost of ***Out of the Fog***.

NAMI SAN FRANCISCO

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